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SAO 154 (10/03) Substitution of Attorney

UNITED STATES DISTRICT COURT

CONSENT ORDER GRANTING Plaintiff (s), V. CASE NUMBER: 20-CV-7935 (NSR) Defendant (s), ET AL. Notice is hereby given that, subject to approval by the court, Name of New Attorney) Place of Consent to for new counsel is as follows: Firm Name: Address: 10 SAINT TOHN ST., MONTI (GLLO, NY 1270) - 201 Telephone: E-Mail (Optional): I consent to the above substituted. Consent to being substituted. Consent to being substituted.	SowTHERN District of	NEW YORK
Defendant (s), ET AL. Notice is hereby given that, subject to approval by the court, CO. ROBERT TAYLOR substitutes (Party (s) Name) (Plaintiff (s), SUI	
Notice is hereby given that, subject to approval by the court, C.O. ROBERT TAYLOR substitutes (Party (s) Name) (Party (s) Name) (Name of New Attorney) place of DATE D. DE LEO (Name of Attorney (s) Withdrawing Appearance) Contact information for new counsel is as follows: Firm Name: Address: 10 SALNT TOHN ST., MONTI CELLO, NY 12701-201 Telephone: (845) 491-1640 Facsimile E-Mail (Optional): I consent to the above substitution. Date: 2 - U - 21 (Signature of Party (s))	Defendant (s),	SE NUMBER: 20-CV-7935(NSR)
place of Dante Dante Delto	Notice is hereby given that, subject to approval by the court,	(Party (s) Name)
(Name of Attorney (s) Withdrawing Appearance) Contact information for new counsel is as follows: Firm Name: AIL B. RUBENFELD. Es Q. Address: LO SAINT TOHN ST., MONTI CELLO, NY 12701 - 211 Telephone: E-Mail (Optional): I consent to the above substitution. Date: Quantity of Attorney (s) Withdrawing Appearance) (Signature of Party (s))	(Name of New Attorney), Sta	ate Bar No. 2463443 as counsel of record in
Contact information for new counsel is as follows: Firm Name: Address: ID SAINT TOHN ST., MONTI CELLO, NY 12701 - 211 Telephone: E-Mail (Optional): I consent to the above substitution. Date: 2 - U - 21 (Signature of Party (s))	place of DANTE D. D	ELES.
Firm Name: Address: 10 SAINT JOHN ST., MONTICEULO, NY 12701 - 211 Telephone: E-Mail (Optional): I consent to the above substitution. Date: 10 SAINT JOHN ST., MONTICEULO, NY 12701 - 211 (Signature of Party (s)) (Signature of Party (s))	(Name of Attorney (s) With	ndrawing Appearance)
Address: 10 SAINT JOHN ST., MONTI CELLO, NY 12701 - 2010 Telephone: (845) 791 - 1670 Facsimile E-Mail (Optional): I consent to the above substitution. Date: $2 - N - 21$ (Signature of Party (s))	Contact information for new counsel is as follows:	
Telephone: $(845) \pm 41 - 16 \pm 0$ Facsimile E-Mail (Optional): I consent to the above substitution. Date: $2 - \mathcal{U} - 21$ Consent to being substituted.	Firm Name: GAIL B. Ruße	ENFELD, ESQ.
Telephone: $(845) \pm 41 - 16 \pm 0$ Facsimile E-Mail (Optional): I consent to the above substitution. Date: $2 - \mathcal{U} - 21$ Consent to being substituted.	Address: 10 SAINT JOHN	ST., MONTICELLO, NY 12701-2118
E-Mail (Optional): I consent to the above substitution. Date:	Telephone: $(845) 791 - 1670$	Facsimile
Date:	E-Mail (Optional):	
I consent to being substituted.	0 14-21	I the de
	Buto.	(Signature of Party (s))
$\mathcal{D} = \{0 = 0\}$	I consent to being substituted.	•
(Signature of Former Attorney (s))	Date: 2-10-21	(Signature of Former Attorney (s))
I consent to the above substitution.	I consent to the above substitution.	
Date: 2/15/21 (Signature of New(Attorney)	Date: $\frac{2/19/21}{}$	(Signature of New(Artorney)
The substitution of attorney is hereby approved and so ORDERED.	The substitution of attorney is hereby approved and so ORDERED.	
Date: 2/12/2021 Judge	Date: 2/12/2021	Judge

[Note: A separate consent order of substitution must be filed by each new attorney wishing to enter an appearance.]